



ARIZONA DEPARTMENT OF CORRECTIONS

APPLICATION FOR EMPLOYMENT

Web Address <http://www.azcorrections.gov>



Employment Unit
1831 W. Jefferson, M/C 530
Phoenix, AZ 85007
(602) 771-2100
Fax (602) 364-0555

Rush Unit (Correctional Cadets)
1831 W. Jefferson, M/C 511
Phoenix, AZ 85007
(602) 542-7572
Fax (602) 542-7570

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|------------------------------|--|------------------------------|--------------------------|
| Announcement Number | | Position Title | |
| Name | | Social Security Number | Employee Id Number (EIN) |
| Address | | | |
| City | | State | Zip Code |
| Home Telephone Number ¥ | | Work Telephone Number ¥ | |

Have you previously been employed by an Arizona State Agency? ☐ Yes ☐ No
If yes, please specify agency(s) and time frames employed:
Are you applying for reinstatement? ☐ Yes ☐ No

ALL APPLICANTS (EXCEPT CORRECTIONAL CADETS) MUST ATTACH A RESUME. BE SURE TO INCLUDE DATES OF EMPLOYMENT (MO/YR) FOR EACH POSITION.

Indicate which State prison facility/office(s) you desire to seek employment

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> B ASPC-Eyman | <input type="checkbox"/> C ASPC-Perryville | <input type="checkbox"/> X ASP-Globe | <input type="checkbox"/> T RUSH |
| <input type="checkbox"/> B/F ASPC-Florence | <input type="checkbox"/> G ASP-Ft. Grant | <input type="checkbox"/> FW ASP-Florence West | <input type="checkbox"/> H COTA |
| <input type="checkbox"/> I ASPC-Yuma | <input type="checkbox"/> E ASPC-Douglas | <input type="checkbox"/> M ASP-Phoenix West | <input type="checkbox"/> P Central Office |
| <input type="checkbox"/> K ASPC-Phoenix | <input type="checkbox"/> R ASPC-Tucson | <input type="checkbox"/> N Marana | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> F ASPC-Safford | <input type="checkbox"/> D ASPC-Winslow | <input type="checkbox"/> KM ASP-Kingman | _____ |
| <input type="checkbox"/> L ASPC-Lewis | <input type="checkbox"/> Q ASP-Apache | <input type="checkbox"/> NT Newton, Texas | |

For Parole applicants only

- | | | |
|--|--|--|
| <input type="checkbox"/> Apache County | <input type="checkbox"/> Greenlee County | <input type="checkbox"/> Pima County |
| <input type="checkbox"/> Cochise County | <input type="checkbox"/> La Paz County | <input type="checkbox"/> Pinal County |
| <input type="checkbox"/> Coconino County | <input type="checkbox"/> Maricopa County | <input type="checkbox"/> Santa Cruz County |
| <input type="checkbox"/> Gila County | <input type="checkbox"/> Mohave County | <input type="checkbox"/> Yavapai County |
| <input type="checkbox"/> Graham County | <input type="checkbox"/> Navajo County | <input type="checkbox"/> Yuma County |

CERTIFICATION By signing this application, I certify that the facts contained in this application packet are true and complete to the best of my knowledge. I understand that if I become employed, falsified statements on this application shall be grounds for dismissal or removal from consideration for eligibility for other state employment or employment examinations. I authorize investigation of all statements and information contained herein. Specifically, I authorize the Department of Corrections to make all necessary and appropriate investigations allowable by law to verify the information provided. I understand that if I am hired, I will be required to produce proof that I have a legal right to work in the U.S.A. in accordance with the IRCA of 1986. I understand I may be required to take a drug test which screens for illegal drug use prior to being appointed to a designated position. I understand that this is a condition of employment and I will not be hired by the Department if I refuse the drug test or if the drug test shows illegal drug use. I understand that drug screen results will be considered confidential. I understand and agree to the above conditions of employment.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Reasonable Accommodation Persons with a disability may request a reasonable accommodation, such as a sign language interpreter. Requests should be made as early as possible to allow time to arrange for the accommodation by contacting the Employment Unit or RUSH at the telephone numbers above. This document is available in alternate formats upon request.

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|----------------------------|--|------------------------|--------------------------|
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A prior felony conviction is not automatically grounds for disqualification, except for classifications of Correctional Series and Special Investigator. Correctional Series and Special Investigator applicants will be required to furnish more specific information on a separate background questionnaire.

CRIMINAL HISTORY Other than minor traffic violations, do you have any criminal convictions? If this question is not answered, your application may be rejected. ☐ Yes ☐ No

CORRECTIONAL SERIES APPLICANTS ONLY - Do you have any criminal arrests? ☐ Yes ☐ No
If YES, give details below. Describe when, where and disposition of case.

Do you possess a valid Arizona Drivers License? If so, check () the class as identified on your license.

☐ CDL ☐ A ☐ B ☐ C ☐ D License Number _____

From what source did you learn about this vacancy?

☐ Job Fair _____ ☐ Radio _____ ☐ TV _____
☐ Newspaper _____ ☐ Other Source _____ ☐ Job Hotline ☐ Professional Publication
☐ Website _____ ☐ Walked In ☐ Friend ☐ Job Announcement
☐ Employee Referral

THIS SECTION FOR EMPLOYMENT UNIT PERSONNEL USE ONLY - Please proceed to the next sections

| | | | |
|---|---|--|---|
| Pre-checked By _____ Meets KSA's _____ Analyst Initials _____ Applicant Notification _____ Written Exam Score _____ Board/Panel Score _____ Final Score _____ | Test Date _____ (Date and initial each entry) BACKGROUND <input type="checkbox"/> Clear _____ <input type="checkbox"/> Disq _____ <input type="checkbox"/> Pending _____ DOCUMENTS <input type="checkbox"/> HS/GED <input type="checkbox"/> BC <input type="checkbox"/> DL <input type="checkbox"/> DD214 Not Req'd <input type="checkbox"/> DD214 Rec'd | (Date and initial each entry) PSYCHOLOGICAL <input type="checkbox"/> Clear _____ <input type="checkbox"/> R/T _____ <input type="checkbox"/> N/Q _____ <input type="checkbox"/> A/P _____ <input type="checkbox"/> Disq _____ <input type="checkbox"/> N/S _____ <input type="checkbox"/> BQ Take Home <input type="checkbox"/> BQ Rec'd <input type="checkbox"/> FB Card Rec'd | (Date and initial each entry) MEDICAL <input type="checkbox"/> Call _____ <input type="checkbox"/> Ltr _____ <input type="checkbox"/> Clear _____ <input type="checkbox"/> Defer _____ <input type="checkbox"/> Disq _____ <input type="checkbox"/> Pending _____ <input type="checkbox"/> N/S <input type="checkbox"/> N/S |
| Comments | | | |

| | |
|--|---|
| I am claiming Statutory Preference for <input type="checkbox"/> Disabled Status <input type="checkbox"/> Veteran Status <input type="checkbox"/> Vietnam Era Veteran Status <input type="checkbox"/> Disabled Veteran Status <input type="checkbox"/> Spouse of Veteran Status | Please Attach documentation as specified below Supplement 31 Form ADOA (available upon request) Form DD214 Form DD214 Veteran's Administration Certification Veteran's Administration Certification |
|--|---|

APPLICANT EQUAL EMPLOYMENT OPPORTUNITY (EEO) DATA FORM

Information requested is for EEO reporting purposes and will not be considered as part of the application for employment

Announcement Number _____ Position Title _____

Name _____ Social Security Number _____ - _____ - _____

Address _____ City _____ State _____ Zip Code _____

Sex ☐ Female ☐ Male
 Birth Date ____ / ____ / ____
 40 years of age or older ☐ Yes ☐ No

Ethnic Origin (Check mark Preferred) ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Hispanic
☐ White/Caucasian ☐ Black/African Descent ☐ Other

Veteran ☐ Yes ☐ No
 Spouse of Veteran ☐ Yes ☐ No
 Orphan of Veteran ☐ Yes ☐ No

AN EQUAL OPPORTUNITY EMPLOYER